

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	---
Suggested Group Art Unit::	---
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	DETERMINATION OF TESTOSTERONE BY MASS SPECTOMETRY
Attorney Docket Number::	034827-9103
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	N/A
Total Drawing Sheets::	0
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Great Britain
Status::	Full Capacity
Given Name::	Michael P.
Family Name::	Caulfield
City of Residence::	San Clemente
State or Province of Residence::	CA

**Country of Residence::** US  
**Street of mailing address::** 2805 Orense  
**City of mailing address::** San Clemente  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92673

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Darren A.  
**Family Name::** Carns  
**City of Residence::** Rancho Santa Margarita  
**State or Province of Residence::** California  
**Country of Residence::** US  
**Street of mailing address::** 249 Seacountry Lane  
**City of mailing address::** Rancho Santa Margarita  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92688

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Richard E.  
**Family Name::** Reitz  
**City of Residence::** San Clemente

**State or Province of** California  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 3710 Calle Fino Clarete  
**City of mailing address::** San Clemente  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92673

#### **Correspondence Information**

**Correspondence Customer Number::** 30542  
**E-Mail address::** PTOMailSanDiegoNorth@Foley.com

#### **Representative Information**

<b>Representative Customer Number::</b>	30542	
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#### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/501,255	09/08/2003

#### **Assignee Information**

**Assignee name::** Quest Diagnostics Investments Incorporated